

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007, as amended**



Centre name:	Central Park Nursing Home
Centre ID:	0328
Centre address:	Clonberne
	Ballinasloe
	Co Galway
Telephone number:	093 - 45231
Email address:	maguire667@hotmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Allan Bay Ltd
Person authorised to act on behalf of the provider:	Caroline Maguire
Person in charge:	Stella Grogan
Date of inspection:	24 April 2013
Time inspection took place:	Start: 08:50 hrs Completion: 17:00 hrs
Lead inspector:	Deirdre Byrne
Support inspector(s):	Finbarr Colfer
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	45 (1 in hospital)
Number of vacancies on the date of inspection:	18

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This inspection report sets out the findings of a monitoring inspection, in which six of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 1: Statement of Purpose	<input type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input type="checkbox"/>
Outcome 13: Complaints procedures	<input type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

This was the fourth inspection by the Health Information and Quality Authority's (the Authority) Regulation Directorate. This report along with previous inspection reports can be found on www.hiqa.ie.

Overall, the inspectors found the provider had continued to substantially meet with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The residents' health and social care needs was met, with a high standard of nursing care provided. The residents' were consulted with in their care and provided with good access to the services of a general practitioner (GP) and allied health professionals. The residents had opportunities to participate in activities they were interested in. The provider and person in charge had invested in the provision of a quality dementia care service, and provided education and learning for staff in this area. The provider ensured measures were in place to protect residents from harm or abuse.

The health and safety of residents and staff was actively prioritised by the provider who ensured ongoing monitoring and management of risk and fire safety.

The inspectors identified some areas for improvement. These were in relation to care plan documentation, staffing skill mix at night time and staff documentation.

In addition, inspectors followed up on some actions from the previous inspection. There were six actions and three were followed up. One was in relation to the risk management policy, and had been fully completed. Two were in relation to care planning and were partially completed.

These matters are outlined in the body of the report and Action Plan at the end.

Section 41(1)(c) of the Health Act 2007
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management
Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 3
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:
No actions were required from the previous inspection.

Inspection findings

The inspectors were satisfied the centre was managed full-time by a suitably qualified nurse, with experience in the care of the elderly that met the requirements of the Regulations.

She was knowledgeable of the Regulations and the Authority's Standards and her requirements there in. She was observed interacting with the residents and inspectors found she was knowledgeable of their health and social care needs. She demonstrated good leadership, organised her staff well and took action on staff related issues when required.

The person in charge continued her education and learning, and had completed a diploma in dementia care, along with the provider. This was a year long course and they had incorporated the learning into developing a dementia care service. They also used their learning to provide training for staff in dementia care.

She was supported in her role by the provider, who was also a registered nurse, and worked in the service every day. She also deputised for the person in charge in her absence.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspectors were satisfied that measures were in place to protect residents from being harmed or suffering abuse.

There was a policy in place which provided direction to staff. It contained details of the types of abuse, the reporting arrangements and the arrangements to be followed should an investigation of suspected abuse be required. They were in the process of reviewing the arrangements in place, with a view to further improvement.

The inspectors found staff were provided with training on a regular basis and were knowledgeable of the types of abuse and the reporting arrangements should they suspect abuse.

The provider and person in charge were clear of the arrangements in place to carry out an investigation into an allegation of abuse.

There were safeguarding measures in place to prevent financial abuse. The inspectors found details of transactions were recorded and a sample of balances were counted and found to be correct.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspectors found that measures were in place to promote and protect the health and safety of the residents, staff and visitors.

There was an up-to-date safety statement in place. The provider was unable to locate the risk management policy, but did provide a copy of the draft policy. Inspectors found there was general compliance with the requirements of the Regulations. The management of specific risks required by the Regulations and, other risks were included in the risk management policy and other policies such as the missing person's policy and self harm policy. The policy also included the arrangements for the investigation and learning from serious incidents.

The inspectors found the policy was implemented. There was a risk register that outlined environmental risk and the precautions to manage them, and this was being updated on a monthly basis.

There were good practices in place in relation to infection control. There were arrangements in place to manage outbreaks of infectious diseases. There were hand washing procedures displayed and hand gel dispensers available throughout the centre. Staff were knowledgeable of infection control procedures and had received training on a regular basis. Clinical waste was disposed of frequently.

All staff had training in the moving and handling of residents, and inspectors observed safe practices by staff.

There was an emergency plan, that gave clear guidelines on how to respond to a range of emergency situations, and the alternative accommodation should an evacuation be needed.

Other areas of risk management included safe and suitable flooring, grab rails on corridors and in bathrooms. A visitors' book was used to monitor movement of people to and from the centre.

The provider had precautions in place to manage the risk of fire. The staff had received up to date and regular training in fire safety. There were monthly fire drills and, the outcome of drills was recorded and used to improve staff response to the risk of fire. The inspectors spoke with staff and found they were knowledgeable of the procedures to follow in the event of a fire.

Inspectors reviewed records which demonstrated that equipments such as fire extinguisher, alarms, and emergency lighting was regularly serviced and maintained in good working order. There were also daily and weekly checks of fire exits and fire fighting equipment. The inspectors found fire exits were unobstructed.

There were fire orders and maps of the fire exit routes displayed throughout the centre.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspectors were satisfied that the centres policies and procedures on medication management safeguarded residents.

The centre had a medication management policy in place that provided nurses with direction on medication management.

The inspectors found there were sufficient arrangements in place for the prescribing and administration of medications. There had been no medication errors since the previous inspection. The storage of medications were in a secure place, and the storage of temperature controlled medications was in a refrigerator.

The nursing staff were provided with education and training by an external trainer and the provider. The person in charge stated that there were monthly audits carried out by the pharmacy. Inspectors saw records confirming GPs regularly reviewed medications.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals

Inspection findings

The inspectors found that residents were provided with a high standard of evidence-based nursing care, they had access to their GP and a range of allied health professionals. There were generally good practices in the management of planning for the residents care in line with their assessed needs. However, some aspects of documentation required improvement.

Inspectors reviewed a sample of care plans. They found some care plans did not reflect the needs of residents, and some care plans did not contain sufficient information that reflected the good practices and intervention of staff.

The inspectors found there were good practices in the management of falls. Each resident was regularly assessed, with a care in place where need was identified. Each incident was reviewed, and interventions put in place to prevent recurrence. There was also learning and review of all falls, to inform practice. However, the assessment for one resident was inaccurate. Inspectors found the care plan for this resident indicated he/she had experienced a number of falls, and the care plan been updated to reflect the interventions in place to prevent recurrence. Staff were knowledgeable of these interventions and the care needs of the resident. However, the falls assessment recorded for this the resident indicated a low risk of falls, while staff and the care plan stated he was at high risk of falls.

The provider and person in charge promoted a restraint free environment. There were a low number of residents who used bedrails, and no other forms of physical restraint were used. There was a restraint policy in place. However, it was not fully implemented. There was evidence that staff were actively considering and using alternatives. There were records of discussions of the use of bedrails and where used, evidence of regular review. However, there wasn't sufficient evidence to demonstrate the risk assessment part of the policy was fully considered.

The inspectors also reviewed the arrangements for the management of wounds, behaviours that challenge and nutrition, and found evidence of good practices in these areas. There were policies in place to guide care in these areas. Inspectors saw evidence that residents were regularly assessed, and where need was identified, care plans were developed. Staff were knowledge of residents care needs, and had received training to enhance their practices. There was evidence of referral to relevant health professionals. Inspectors saw daily nursing notes which provided information on the treatment and condition of the residents.

The provider and person in charge ensured that residents had opportunities to participate in activities appropriate to their interests and capacities. There was a relaxed, sociable environment in the centre. The inspectors observed easy interaction amongst residents and between residents and staff. Residents could choose to participate in group activities or spend time alone if they wished. There were a variety of comfortable, nicely decorated areas where residents could relax or get involved in activities. There was an activities coordinator who facilitated a range of group and individual activities, which included exercises, arts and crafts and memory games. There were also external people who attended the centre to provide entertainment for the residents. Residents could also attend local community events and the local church, with the assistance of staff.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspectors found there was appropriate staffing in place to meet the needs of residents. However, the skill mix was not adequate to meet their needs at night.

Inspectors were not satisfied that there was an adequate staffing and skill mix at night to meet the needs of residents and, to ensure adequate supervision.

The person in charge had recently reduced the number of nursing staff on night duty from two nurses to one nurse. Previously there had been two nurses on night duty. However, there was no evidence to show the number of residents or the dependency levels had changed to reflect the change in the nursing staff. The inspectors were concerned due to the layout of the centre and the demands of the residents that one nurse on duty at night would not be sufficient to deliver and supervise care for 45 residents. Staff confirmed this was the case. This was discussed with the person in charge, who acknowledged that nursing levels were not adequate and undertook to address the matter.

The inspectors reviewed a sample of staff files. While most files contained the information required by the Regulations, some files did not such as medical declaration of health, adequate number of references and a history of employment. Before the end of the inspection, the provider had obtained some of these documents.

The inspectors reviewed staff training records and saw evidence that all staff had received up to date mandatory training in fire safety and movement and handling of residents. In addition, training was provided in other areas such as dementia care, wound management, elder abuse and Further Education and Training Council (FETAC) Level 5 in care of the elderly. Staff spoke with confirmed they attended training and were knowledgeable of these areas and the clinical needs of residents.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge, and the assistant manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Deirdre Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

25 April 2013

Provider's response to inspection report *

Centre Name:	Central Park
Centre ID:	0328
Date of inspection:	24 April 2013
Date of response:	9 May 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Outcome 11: Health and social care needs

The person in charge is failing to comply with a regulatory requirement in the following respect:

Some care plans did not fully reflect residents' needs.

Some risk assessments did not reflect the changing needs of residents.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Action required:

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The Director of Nursing and the nursing staff have fully updated care plans and assessments and they now fully reflect the resident's needs.	Completed

Theme: Workforce

Outcome 18: Suitable staffing

The person in charge is failing to comply with a regulatory requirement in the following respect: The staffing skill mix at night time was not adequate to meet the needs of residents.	
Action required: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.	
Reference: Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualification	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The Director of Nursing has now updated the rota to reflect a second nurse on duty at night.	Completed

The provider is failing to comply with a regulatory requirement in the following respect:

Staff files did not contain all of the documentation required by schedule 2 of the Regulations.

Action required:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

Reference:

Health Act, 2007
Regulation 18: Recruitment
Standards 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

The employee whose file was incomplete is in the process of gathering the final information needed for his chart.

17 May 2013